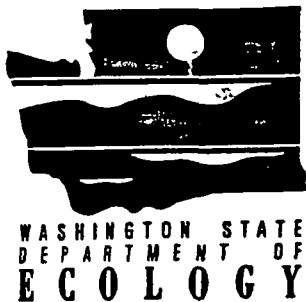


FCY 050-1-20



Well Tagging Form

Unique Well Tag No:

AGA 539

SD

RECORD VERIFICATION (check one)

☒

Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)

☐

Verification inconclusive

☐

Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name CHURCH OF J C OF LATTERDAY

Last Name _____

Street Address

11165-B

City

Sam

State _____

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address

5425 MAXWELLTON RD

City

County

T _____ N R _____ WM Sec _____

1/4 of the _____

FOR AGENCY USE ONLY

Latitude

W 122°

24.429 456

24.434

Longitude

N 48°

00.762

00.774

15' SOUTH OF WELL HEAD

Elevation at land surface

feet/meters (circle one)

Additional information, if available.

☒

GPS

☐

Topographic Map

☐

Survey

☐

Computer generated

☐

Digital Altimeter

☐

Topographic Map

☐

Other

☐

Location marked on topographic map (please attach)

☐

Location marked on air photo (please attach)

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing type of well, housing etc)

6" WELL CASING ~~ONCE AVAILABLE~~, ~~12" WELL~~, ~~12" WELL~~, ~~HUGE CONCRETE STRUCTURE~~

~~WELL CASING ON TOP, NO LADDER AVAILABLE TO WELLS~~

NO HOUSING - WELL HEAD SITS IN THE SE SIDE OF LOT, OVER IN BUSHES (DIFFICULT

TO SEE

Location of Well identification Tag

ON WELL CASING

Was supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

If yes where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

Scale 1 24 000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point

SECTION

18-1

COMMENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right #

Date Issued

Circle One

Application

Permit

Certificate

Claim

Exempt